

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1607 Union Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ELLEN QUINN

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Patrick Quinn 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased November 27 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 23 hr. _____ min. _____

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name James H. Hanahan

13. Birthplace Bridget Gallagher Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Gallagher Ireland
(City, town, or county) (State or foreign country)

15. Birthplace Leo P. Quinn
(City, town, or county) (State or foreign country)

16. (a) Informant Leo P. Quinn
(b) Address 1607 Union Blvd.

17. (a) Removal (b) Date thereof 9-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton Illinois
Blas. F. Styar

18. (a) Signature of funeral director _____
(b) Address 1607 Union Blvd.
19. (a) SEP 21 1940 (b) J. B. Braddock
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1607 Union
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 9/1/40
_____ 19____, _____ 19____, _____ 19____
that I last saw her alive on 9/19/40
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia of R side
and organic valvular heart lesion

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: _____
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature J. W. Shaw (M. D. or other) _____
Address Eastern Med. Bldg Date signed 9/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Bernard G. Stuart*

Licensed Embalmer No. *3500*

P. O. Address. *1225 Union, Bla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.